



Joe A. Martinez
District 11

Miami-Dade County Commissioner
Mom And Pop Small Business Grant Program

Application

*Please submit 1 original application
We suggest you keep a copy for your records*

Attention Business Owners

**Mom and Pop Small Business Grant Program
For Miami-Dade County
District 11**

**Grant Money Available!
Up to \$3,000 Per Business**

Applications available
Monday, May 8, 2017 through Friday, May 26, 2017

PICK UP APPLICATIONS AT:

Commissioner Joe A. Martinez's District Office
4081 SW 152nd Avenue Unit 21
Miami, FL 33185
Phone: 305-552-1155
Email: district11@miamidade.gov

Or

By going online to:
www.miamidade.gov/district11

**There will be an informational meeting explaining the requirements held
on Wednesday, May 24, 2017, 2:00 p.m. at:
West Kendall Regional Library
10201 HAMMOCKS BLVD.
MIAMI. FL 33196**

Completed applications will be accepted from:
Monday, May 15, 2017 to Friday, May 26, 2017 by 4:00 pm.
Hand deliver application to District Office
No late applications will be accepted!

For additional information contact: Ms. Gloria Rice 305-756-0605
Neighbors And Neighbors Association (NANA)

Submit 1 original completed application with requested documents

We suggest you keep a copy for your records!

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2016-2017 MOM AND POP SMALL BUSINESS GRANT PROGRAM

Brief Description

The Miami Dade County Mom And Pop Small Business Grant Program was created by Neighbors And Neighbors Association, Inc. in 1999 to provide financial and technical assistance to qualified small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase inventory/supplies, business equipment, marketing/advertising, building/business insurance, minor interior/exterior renovations, security systems, work vehicle (pick-up truck or cargo van) professional services, (CPA, business training, and events).
- Technical assistance is made available at no charge, to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program is offered in each 13 Miami Dade County Commission District, as a result, we recognize that the needs of each district are different and our goal is to address this diversity. In order to receive the correct guidelines to be considered for funding, you must apply in the county district where your business is located. To locate your district where your business is located, please call 311 or visit www.miamidade.gov/commission and under the area that titled "Who is my Commissioner", enter your business address and click search. Once you know who your Commissioner is, click on their link and you will be directed to your Commissioners page look for a link on their page titled Mom & Pop Application. **Applications and start date for each district may differ, therefore, please be sure to pick up the appropriate application.**

Mom and Pop Small Business Grant Program Miami-Dade County

FY 2016-2017 Guidelines

Commissioner Joe A. Martinez Mom and Pop Small Business Grant Program is offering grant applications for small business owners.

An informational meeting will be held on May 24, 2017 at 2:00 pm at the West Kendall Regional Library 10201 HAMMOCKS BLVD. MIAMI. FL 33196

All businesses must be located in District 11 and meet the following eligible criteria:

- Business must be in operation for at least 1 year.
- Must be a for-profit business.
- Cannot have more than ten (10) employees
- A physical address is required. No P.O Box as mailing address allowed.
- Home – base businesses can apply.
- Businesses funded in the past cannot apply

Required application procedures and attachments (please include the following documents below along with your application):

- Submit one original completed application typed or printed with all requested documents.
- Submit proof that the business has been operating for at least 1 year. (Example: any old license, State Corporations, Sales Tax, or utility bill), proof must be in business name (include copy only).
- Submit a current copy of Miami Dade County Business Tax receipt or a paid receipt (include copy only).
If license not required by Miami-Dade County, applicant must provide written proof from Miami Dade County Tax Collector's Department.
- Submit City License if business is located in a City within the County or paid receipt (include copy only).
- Submit a copy of your **active** State of Florida Corporation **and/or** Fictitious Name (print copy by visiting sunbiz.org), in addition, a FEIN # must be listed on sunbiz print out if business is incorporated.
- Provide copy of picture ID (driver's license or State ID).
- Submit outside picture of business location (building, home office, or work vehicle).
- Businesses that complete job creation forms and receive the full amount are required to create a new job.
- If you are an elected official and/or a Government Board Appointee you must get written approval stating no conflict of interest from the Miami-Dade County Commission on Ethics.
- The Selection Committee can consider special projects.

AUTOMATIC DISQUALIFICATION:

- Businesses that relocate out of the district during the process.
- Applications will not be accepted after deadline.
- Non-profit agencies can not apply.
- More than one application submitted for the same owner(s), family member, or partners.
- Must not be part of a national chain.

****The Selection Committee has the right to request additional information, accept, or reject any and all applications.**

PLEASE BE AWARE OF THE FOLLOWING:

Recommended Information Meeting

All businesses that are applying for funding should attend this meeting, which will explain the program requirements. Please be prepared to stay at least 2 hours, **all questions will be answered only at that time**. Attending the preliminary meeting does not guarantee that you will receive funding.

**May 24, 2017 at 2:00 pm
West Kendall Regional Library
10201 HAMMOCKS BLVD.
MIAMI. FL 33196**

PLEASE BE ON TIME

If you plan to attend the meeting, please bring a copy of the application, copies may not be available.

We recommend that you do not complete the application before the above meeting.

ELIGIBLE USE OF FUNDING:

- Inventory / Supplies
- Business Equipment
- Marketing / Advertising
- Liability Insurance
- Minor Interior / Exterior Renovations
- Security System
- Work Vehicle (pick-up truck or cargo van)
- Professional Services (Accounting, Business Training, and Seminars, and events)
- Lease or mortgage for commercial space only

INELIGIBLE USE OF FUNDING:

- Rental Deposits
- Late Payment Fees
- Purchase of Alcohol, Tobacco or Medicine
- Salaries
- Debts
- And any and all others not listed in the eligible use above.

**FY 2016-2017
Applications Forms
Mom and Pop Small Business Grant Program**

Date: _____

A. Identifying Data

Business Name (as it appears on incorporation, or sunbiz)	
Business Address	
City & Zip Code	
Business and Cell Phone #	
Email Address	
Kind of Business Operating	
President Name or Owner Name	
President or Owner Home Address	
City & Zip Code	

<p>Data Universal Numbering System number, known as a DUNS number are <u>REQUIRED</u> at the time of application please provide.</p> <p>Apply via email at: http://fedgov.dnb.com/webform/index.jsp.</p> <p>or via telephone at 1-866-705-5711</p>	<p>_____</p> <p>Print DUNS Number Here</p>
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B. Amount Requested

Funding Request Amount	\$ _____
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C. Current Employee Roster

1. Number of employees? Full-time:_____ Part-time: _____ None: _____

2. Please provide the following information regarding your current employees(s) add sheets if needed:

Employee Name (Print)	Date of Hire	*Job Title	Full Time (FT) or Part Time (PT)	**Race

*Job Title: Officials and Managers, Technicians, Craft Worker (Skilled), Laborer (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

**Race W-White B-Black A-Asian AI-American Indian H-Hispanic O-Other

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: _____

President or Owner signature

DATE: _____

D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____
2. Have you received Mom and Pop funding in the past? Yes _____ No _____
 - o If yes, last time you received funding (year) _____
3. Are you or any of the shareholders employed by Miami-Dade County? Yes _____ No _____
 - o If yes, what department? _____
4. Would you be willing to participate in any offered business workshop training? Yes _____ No _____
5. If awarded the full amount allowed by the program, knowing that the funding cannot be used for salaries/payroll, would you still be able to create a new job? Yes _____ No _____
 - Will the new job be full-time? Yes _____ No _____

If yes, complete page 11 and submit with the application.

E. BUSINESS INFORMATION

1. Describe your Business: _____

2. What kind of goods or services your business offers to the community?

3. Briefly describe how the funds, if awarded, will be used to help grow your business:

My signature below indicates that I have read this document and fully understand its contents.

The information submitted on this document is true to the best of my knowledge.

Name (Print)

Title

Signature

Date

Request for Opinion from Commission on Ethics Acquiring Financial Interest

I, _____, the owner or president of
(Owner or President Name)

_____, whose business address is
(Business Name)

_____,
(Business Address, City, State, Zip)

(Phone #) (Email)

Include a short description of the type of business operating _____

Are you currently an employee or board member of any Miami Dade County Board?
Yes___ No___

If yes, what Department or Board? _____

If yes, are you seeking to contract with Miami Dade County? Yes_____ No: _____

I am being considered for funding through the Mom and Pop Small Business Grant Program and request the clearance from the Commission on Ethics. Please review my request and forward to Neighbors And Neighbors Association, Inc. to the attention of Leroy Jones, Executive Director, 180 NW 62nd St., Miami, FL 33150 or fax (305) 756-6008. Thank you in advance for your attention to this very important matter.

Commissioner Joe A. Martinez
4081 SW 152nd Avenue Unit 21
Miami, FL 33185

This page must be completed.

**The following page must be
completed and returned
with original application
ONLY if your business will
be able to create a new job**

JOB COMPLIANCE FORM

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Being duly sworn, on my oath declares: That, I, _____
owner of _____ agree to create one new full-time
or part-time job for a low to moderate income person if awarded the maximum
amount under the Mom And Pop Small Business Grant Program within six
months of my receipt of such award. If I fail to create the required new job within
the agreed upon time period I will be in non-compliance and will be required to
pay the entire amount of the grant back to Miami-Dade County.

IN WITNESS WHEREOF, I, _____, the undersigned
Owner of _____, have signed this
JOB COMPLIANCE FORM on this _____ day of _____, 2017, and
acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this _____ day of
_____, 2017 by _____, who personally appeared
Signature

before me at the time of notarization, and who is personally known to me or who
produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE